YADKIN COUNTY SERVICES AND DEVELOPMENT

AUTHORIZATION TO APPLY FOR A ZONING PERMIT

	Address:	
Property owner's full name		
(Please PRINT)	Phone: Home	
	Work	
	Cell	
	Address:	
Agent/Buyer's full name	<u></u>	
(Please PRINT)	Phone: Home	
	Work	
	Cell	
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(print)	oroperty owner) duly authorize(print)	
- ·		
to serve as my agent for the purpose	of applying for a Zoning Permit for my property loca	ted at:
DIRECTIONS:		
SUBDIVISION:	SECTION:I	.OT#
ACREAGE:	PIN #	
(PROPERTY OWNER'S SIGNATU	TRE) (DAT	